

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744821 (0)**
1. Corporation Name
THE SOUTHWIND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **5499 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169**
Mailing Address: **5499 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified: **11/02/1978**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-1954748**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **DE GANAHL JAMES, 104 OAKS COURT, SANFORD FL 32771**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN - ?	
TITLE	PD HANS, TEWS 1508 SPRING LAKE DR ORLANDO FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD LEPOW, NIEL 2465 VIA GENOVA APOPKA FL 32712	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD CLARK, CAROLYN 5499 S. ATLANTIC AVE, #903 NEW SMYRNA BEACH FL 32169	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD FORETIC, MAUD 525 S LONGVIEW LONGWOOD FL 32779	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DEDELOW, EDWARD 907 ARABIAN AVE WINTER SPRINGS FL 32708	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D LOGERFO, THOMAS 5499 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *By Carolyn D. Clark, Treasurer* 1/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (12/95)